

Revised
**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500 491

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	2	↓	↓	↓	↓	↓
TOTAL DEP.	8	↓	↓	↓	↓	↓
TOTAL CLAIMS	10					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS						

BEST AVAILABLE COPY